

REIMBURSABLE WORK AUTHORIZATION

1A. Work Request/RWA Number (GSA Use Only)		1B. Amendment Number (see instructions) N1705485		The authority for this agreement is the (select as appropriate): <input checked="" type="checkbox"/> 40 U.S.C. § 592(b)(2) - Non-Economy Act (default). <input type="checkbox"/> 31 U.S.C. § 1535 - Economy Act. <input type="checkbox"/> Other, Please list here:	
2A. Requesting Agency Name Department of Homeland Security				4A. Agency Project Contact Name (b) (7)(C), (b) (6)	
2B. Bureau Name Customs and Border Protection				4B. Agency Project Contact Phone (b) (7)(C), (b) (6)	
2C. Agency Bureau Code (if known) 7051				4C. Agency Project Contact E-Mail (b) (7)(C), (b) (6)	
3A. Primary Work Location Address (or GSA Building Number, if known) CBP / DeConcini POE 9 N. Grand Ave. Nogales, AZ 85621				4D. Agency Project Contact Address U.S. Customs and Border Protection 24000 Avila Road, 5th fl., Rm. 5020 Laguna Niguel, CA 92677	
3B. Room Number/Specific Location in Facility				4E. Agency RWA Mailbox (if applicable) (b) (7)(C), (b) (6)	
5. Description of Requirements (if attachments provided, please identify them below) Nogales, AZ - DeConcini POE - Additional employee parking spaces & a dedicated impound seizure lot.				6A. Agency Finance Billing Office Address # 1 U.S. CBP - National Finance Center	
				6B. Address # 2 6650 Telecom Drive	
				6C. City Indianapolis	
				6D. State IN	
				6E. ZIP Code 46278	
				6F. Agency Billing Contact E-Mail Address CBPInvoices@cbp.dhs.gov	
7. Requested Service Period (severable services only) A. From B. To				9A. Agency Location Code (leave blank if non-IPAC or using purchase card) 70050800	
8. Amendment RWA amendment provided to change total authorized amount				9B. BOAC/Account Code (if known)	
by \$ from \$ to \$				10A. Billing Type (See Instructions) IPAC	
				10B. Billing Terms (See Instructions) Monthly	
				11. Agency/Customer Business Partner Network/Data Universal Numbering System Number (BPN/DUNS) 879824324	
12A. Agency Fund Year	12B. Appropriation Fund Type	12C. Expiration Date of Obligational Authority	12D. Treasury Account Symbol (leave blank if non-IPAC)	12E. Agency Accounting Data	12F. Agency Certified Amount
2017	Multi-Year	09/30/2018	07020172018 0530000	17-17536-EF511-0942063300-TT010000AKFQ-2541	\$962,237.69
12Z. If applicable, enter the Total Agency Certified Amount from any attached sheet(s) here					
If this is an amendment, please identify the old and new amounts in Block 8 accordingly.				13. Total Agency Certified Amount \$962,237.69	
14A. Funding Agency Code (FPDS) 7014	14B. Funding Office Code (FPDS) 70B001	15. Agency/Customer Order Number			16A. Fiscal Station Number (DoD ONLY)
16B. Requisition Identification Number 20102020	17. PEGASYS Document Number (PDN) and Line Number - GSA Interfund Customer Use Only - enter values as PDN-PLN (e.g. IX123456-01) A. B. C. D.				

CUSTOMER FUND CERTIFICATION

By its signature below, the Requesting Agency certifies (a) that all special funding and procurement requirements of the Requesting Agency, including statutory or regulatory requirements applicable to the funding being provided by the Requesting Agency, have been disclosed to GSA; (b) that all internal reviews/approvals required by the Requesting Agency prior to placing this RWA with GSA have been completed; (c) that the Requesting Agency has a bona fide need in the current fiscal year for the work described in this RWA; (d) that the funds identified by the Requesting Agency in this RWA are legally available for further obligation and expenditure by GSA in furtherance of the work described in this RWA; and (e) that the Requesting Agency accepts the General Terms and Conditions set forth on page 3 of this RWA. Further written assurances regarding funding availability may be required depending on the facts and circumstances of individual requests.

18A. Signature of Fund Certifying Official (b) (7)(C), (b) (6)		18B. Date 08/23/2017	
18C. Name of Fund's Certifying Official (b) (7)(C), (b) (6)		18D. Certifying Official's E-Mail Address (b) (7)(C), (b) (6)	
18E. Telephone Number of Certifying Official (b) (7)(C), (b) (6)			

NOTE: The General Services Administration will bill the Requesting Agency in accordance with Federal Management Regulation (41 CFR) Section 102-85.195. It is anticipated that the Agency Certified Amount provided in Block 13 will be sufficient to complete the work requirements of the Requesting Agency. If an unforeseen circumstance arises during performance of the work that increases the cost of the work such that the funds provided by the Requesting Agency will be insufficient to complete the work requested under this agreement, GSA will see an amend RWA from the Requesting Agency for additional funding that is legally available to fund antecedent liabilities prior to incurrence of costs above the Agency Certified Amount in Block 13. Incremental funding of RWAs is not permissible.

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1A. Work Request/RWA Number (GSA Use Only) N1705485		1B. Amendment Number (see instructions)		The authority for this agreement is the (select as appropriate): <input checked="" type="checkbox"/> 40 U.S.C. § 592(b)(2) - Non-Economy Act (default). <input type="checkbox"/> 31 U.S.C. § 1535 - Economy Act. <input type="checkbox"/> Other, Please list here:		
2A. Requesting Agency Name DEPARTMENT OF HOMELAND SECURITY				4A. Agency Project Contact Name (b) (7)(C), (b) (6)		
2B. Bureau Name DHS/CUSTOMS & BORDER PROTECTION				4B. Agency Project Contact Phone (b) (7)(C), (b) (6)		
2C. Agency Bureau Code (if known) 07051				4C. Agency Project Contact E-Mail (b) (7)(C), (b) (6)		
3A. Primary Work Location Address (or GSA Building Number, if known) DECONCINI LPOE SEIZU 300 W International Street NOGALES AZ 85621				4D. Agency Project Contact Address 4760 Oracle Road Suite 100 Tucson AZ 85705		
3B. Room Number/Specific Location in Facility				4E. Agency RWA Mailbox (if applicable) (b) (7)(C), (b) (6)		
5. Description of Requirements (if attachments provided, please identify them below) Acquisition of a 2.5 acre privately owned parking lot adjacent to the Deconcini LPOE for additional parking for employees and visitors and a dedicated seizure lot. Title of the lot will be in the name of the United States of America and its custody and control will be GSA's responsibility. The RWA is to cover the costs of the entire parcel of land sale and associated costs (appraisal, due diligence, closing costs, project management fees, etc.) and excludes any improvements.				6A. Agency Finance Billing Office Address # 1 NATIONAL FINANCE CENTER		
				6B. Address # 2 6650 TELECOM DRIVE SUITE 100		
				6C. City INDIANAPOLIS	6D. State N	6E. ZIP Code 46278
				6F. Agency Billing Contact E-Mail Address cbpinvoices@cbp.dhs.gov		
7. Requested Service Period (severable services only) A. From B. To				9A. Agency Location Code (leave blank if non-IPAC or using purchase card) 70050800		
8. Amendment RWA amendment provided to change total authorized amount by \$550,000.00 from \$962,237.69 to \$1,512,237.69				9B. BOAC/Account Code (if known) 70503H		
				10A. Billing Type (See Instructions) IPAC	10B. Billing Terms (See Instructions) Monthly	
				11. Agency/Customer Business Partner Network/Data Universal Numbering System Number (BPN/DUNS) 879824324		
12A. Agency Fund Year	12B. Appropriation Fund Type	12C. Expiration Date of Obligational Authority	12D. Treasury Account Symbol (leave blank if non-IPAC)	12E. Agency Accounting Data	12F. Agency Certified Amount	
2018	Multi-Year	09/30/2018	07020172018 0530000	18-17536-EF511-942063300-TT010000AKFQ-2541	\$550,000.00	
2017	Multi-Year	09/30/2018	07020172018 0530000	17-17536-EF511-0942063300-TT010000AKFQ-2541	\$962,237.69	
12Z. If applicable, enter the Total Agency Certified Amount from any attached sheet(s) here						
If this is an amendment, please identify the old and new amounts in Block 8 accordingly.				13. Total Agency Certified Amount \$1,512,237.69		
14A. Funding Agency Code (FPDS) 7014	14B. Funding Office Code (FPDS) 70B001	15. Agency/Customer Order Number N1705485		16A. Fiscal Station Number (DoD ONLY)		
16B. Requisition Identification Number 20102020	17. PEGASYS Document Number (PDN) and Line Number - GSA Interfund Customer Use Only - enter values as PDN-PLN (e.g. IX123456-01) A. B. C. D.					

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